

Hamilton College
Request for Tuition Waiver

I request that tuition be waived for my enrollment in the following course:

Course Title: _____

Audit Credit

Semester and year _____

Class meeting time _____

I have permission to be released from my normal job responsibilities at the above times and understand that I will not be paid for time spent in class or otherwise devoted to the course.

Print Name

Print Name

Employee Signature

Supervisor of Department Head Signature

Date

Date

To Be Completed By Human Resources

Eligibility for tuition waiver confirmed for above period of study. _____% of tuition is to be waived.

(100% of tuition is waived for one course during regular work hours for all benefited employees.)

Confirmed by _____
Associate Director, Human Resources

Date

cc: Financial Aid Office